

4055 West Peterson Avenue, Suite 101, Chicago, Illinois 60646 Tel: 773.202.0000 Fax: 773.267.0111

Invoice Number: 1065

Jointly Administered Cases # 09-6082

Stayton SW Assisted Living, LLC

dba Lakeside Assisted Living Community

PO Box 3006

Salem, OR 97302-0006

Summary:

Professional Services		
Stayton SW Assisted Living, LLC	Inv # 1065-1	\$3,975.00
Medallion Assisted Living	Inv # 1065-2	\$3,550.00
Colonial Gardens	Inv # 1065-3	\$5,062.50
Hendersonville Senior Living	Inv # 1065-4	\$3,425.00
Wayne Senior Living	Inv # 1065-5	\$1,375.00
Champlin, LLC	Inv # 1065-6	\$350.00
W-E Specialized Care, LLC	Inv # 1065-9	\$5,125.00
St. George Senior Living, LLC	Inv # 1065-12	\$4,975.00
Vancouver Care, LLC	Inv # 1065-13	\$4,862.50
Sanddollar Court memory Care, LLC	Inv # 1065-14	\$3,425.00
Seward Senior Living, LLC	Inv # 1065-18	\$1,725.00
Vegas Assisted Living	Inv # 1065-19	\$350.00
Total charges		\$38,200.00
Expenses		
Stayton SW Assisted Living, LLC	Inv # 1065-1	\$803.52
Medallion Assisted Living	Inv # 1065-2	\$1,998.30
Colonial Gardens	Inv # 1065-3	\$1,056.14
Hendersonville Senior Living	Inv # 1065-4	\$673.85
W-E Specialized Care, LLC	Inv # 1065-9	\$1,735.97
St. George Senior Living, LLC	Inv # 1065-12	1,643.50
Vancouver Care, LLC	Inv # 1065-13	1,049.12
Sanddollar Court Memory Care, LLC	Inv # 1065-14	\$660.83
Total expenses		9,621.23
Total Professional Services		38,200.00
Total Expenses		9,621.23
Total Current Charges		47,821.23



.4055 West Peterson Avenue, Suite 101, Chicago, Illinois 60646 Tel: 773.202.0000 Fax: 773.267,0111

Invoice Number: 1065-1

Stayton SW Assisted Living, LLC dba Lakeside Assisted Living Community

PO Box 3006

Salem, OR 97302-0006

Staten	nent of Professional Services Rendered Through	6/30/2009		
Summ	nary:			
		Hours	Rate	Amount
JC	Ciyou, Joyce - RN	9.00	300.00	2,700.00
EA	Allee, Elizabeth - RN	1.00	275.00	275.00
RC	Ciyou, Robert - Licensed Contractor	5.00	200.00	1,000.00
		15.00		\$3,975.00
	Task Code Summary			
		Hours		Amount
DA	Data Analysis	10.00		2,500.00
RP	Report Preparation	5.00		1,475.00
		15.00		3,975.00
	Total professional services			3,975.00
	Total expenses			\$803.52
	Total current charges			\$4,778.52
				0.5

		nent of Professional Services Rendered Through Joyce RN	6/30/2009		
			Hours	Rate	Amount
	Data A	nalysis			
6/16/2009	JC	Site visit to meet with Administrator, Key staff and Support staff. Interviewed staff and observed Resident care and Observed Medication pass. Interviewed Residents and Family members. Toured the facility for Life Safety issues. Exited with findings.	5.00	300.00	1,500.00
		Task Code Total	5.00		1,500.00
	Report	Preparation			
6/30/2009	JC	Report Preparation regarding interdepartmental concerns and life safety issues	4.00	300.00	1,200.00
		Task Code Total	4.00		1,200.00
		Task Code Summary			
			Hours		Amount
	DA	Data Analysis	5.00		1,500.00
	RP	Report Preparation	4.00		1,200.00
			9.00		2,700.00

	Statement of Professional Services Rendered Through Allee, Elizabeth - RN		6/30/2009		
			Hours	Rate	Amount
	Report P	Preparation			
6/29/2009	EA	Report preparation regarding observations, follow-up on Resident and Family concerns, and residents care. Adequacy of supplies, dietary and activity issues	1.00	275.00	275.00
		Task Code Total	1.00		275.00
		Task Code Summary			
			Hours		Amount
	DD	Danart Dranaration			
	RP	Report Preparation	1.00		275.00
			1.00		275.00

		ent of Professional Services Rendered Through obert - Licensed Contractor	6/30/2009		
	Data Ana	alysis	Hours	Rate	Amount
6/16/2009	RC	Toured the facility for Life Safety issues. Inspected mechanical rooms, residents rooms, nursing medication rooms, laundry, building exterior	5.00	200.00	1,000.00
			5.00		1,000.00
		Task Code Total			
		Task Code Summary			
			Hours		Amount
	DA	Data Analysis	5.00		1,000.00
			5.00		1,000.00

Airfare	498.07
Car Rental	89.32
Accommodations	156.38
Meals	31.00
Travel	28.75
Total Expenses	\$803.52

Date	Description	Amount
6/15/2009	VENDOR: United Airlines CONFIRMATION# VQZ2FS DATE: 06/15/09 Airline Tickets for Joyce Ciyou	\$359.60
6/15/2009	VENDOR: Expedia CONFIRMATION# 128085164095 DATE: 06/15/09 Airline Tickets for Robert Ciyou	\$138.47
6/18/2009	VENDOR: Dollar Rental RENTAL# 09080949 DATE: 06/18/09 Car Rental: Robert Ciyou & Joyce Ciyou	\$89.32
6/18/2009	VENDOR: Embassy Suites FOLIO# 588976 DATE: 06/18/09 Accommodations: Robert Ciyou & Joyce Ciyou	\$156.38
6/16/2009	VENDOR: Arco SALE# 261832 DATE: 06/16/09 GAS: Robert Ciyou	\$28.75
6/16/2009	VENDOR: Arco SALE# 261831 DATE: 06/16/09 Snack: Robert Ciyou & Joyce Ciyou	\$5.46
6/16/2009	VENDOR: McGrath Fish House SALE# 10096 DATE: 06/16/09 Dinner: Joyce Ciyou & Robert Ciyou	\$17.67
6/16/2009	VENDOR: McDonalds SALE# 243 DATE: 06/16/09 Lunch: Robert Ciyou	\$7.87



4055 West Peterson Avenue, Suite 101, Chicago, Illinois 60646 Tel: 773.202.0000 Fax: 773.267.0111

Invoice Number: 1065-2

Medallion Assisted Living Limited Partnership

DBA Medallion Senior Living

12400 Preston Rd

Dallas, TX 75230

Statem	nent of Professional Services Rendered Through	6/30/2009		
Summ	nary:			
		Hours	Rate	Amount
SK	Koenig, Suzanne - Patient Care Ombudsman	1.00	350.00	350.00
JC	Ciyou, Joyce - RN	7.00	300.00	2,100.00
KH	Hufsey, Keith- LNHA	4.00	275.00	1,100.00
		12.00		\$3,550.00
	Task Code Summary			
		Hours		Amount
DA	Data Analysis	8.00		2,300.00
RP	Report Preparation	4.00	7	1,250.00
		12.00		3,550.00
	Total Professional Services			\$3,550.00
	Total Expenses			\$1,998.30
	Total current charges			\$5,548.30

Statement of Professional Services Rendered Through Kopenig, Suzanne		6/30/2009			
			Hours	Rate	Amount
	Data Ana	alysis			
6/8/2009	SK	Report review and finalization	1.00	350.00	350.00
			1.00		350.00
		Task Code Summary			
			Hours		Amount
	RP	Report Preparation	1.00	e :	350.00
			1.00		350.00

Statement of Professional Services Rendered Through Ciyou, Joyce RN		6/30/2009			
	Data A	at the same of the	Hours	Rate	Amount
	Data Ana	alysis			
6/8/2009	JC	Re-visit to facility. Interviewed new Administrator, residents, family and staff. Observed resident meal, life safety and interdepartmental areas as they relate to Resident care	4.00	300.00	1,200.00
		Task Code Total	4.00		1,200.00
6/9/2009	Report P JC	Preparation Report preparation of overview including dietary, common areas, resident rooms and interviews regarding care received and life safety issues	3.00	300.00	900.00
			3.00		900.00
		Task Code Summary			
			Hours		Amount
	DA	Data Analysis	4.00		1,200.00
	RP	Report Preparation	3.00		900.00
			7.00		2,100.00

	Statement of Professional Services Rendered Through Hufsey, Keith- LNHA		6/30/2009		
	Data Ana	alysis	Hours	Rate	Amount
6/30/2009	КН	Site visit to interview staff, residents and families. Reviewed Activity programming and discussed adequacy of supplies with staff and residents.	4.00	275.00	1,100.00
		Task Code Total	4.00		1,100.00
		Task Code Summary			
			Hours		Amount
	DA	Data Analysis	4.00		1,100.00
			4.00		1,100.00

	Travel Planner Car Rental Fees Meals Parking Total Expenses	1,688.40 140.29 67.61 102.00 1,998.30
Date 5/9/2009	Description VENDOR: Parking Solutions INVOICE# 118198 DATE: 05/09/09 Parking: Joyce Ciyou & Elizabeth Allee	Amount \$36.00
5/9/2009	VENDOR: Indianapolis Airport Parking TICKET# 024182 DATE: 05/09/09 Airport Parking: Joyce Ciyou & Elizabeth Allee	\$36.00
6/8/2009	VENDOR: American Airlines CONFIRMATION# PABMVZ DATE: 06/08/09 Airline Ticket for Joyce Ciyou & Keith Hufsey	\$1,688.40
6/8/2009	VENDOR: EX Rent A Car RA# DFW-135287 DATE: 06/08/09 Rental Car for Keith Hufsey & Joyce Ciyou	\$140.29
6/7/2009	VENDOR: McDonalds DATE: 06/07/09 Dinner: Keith Hufsey	\$3.52
6/8/2009	VENDOR: McDonalds ORDER# 97 DATE: 06/08/09 Breakfast: Keith Hufsey	\$5.41
6/8/2009	VENDOR: Auntie Anne's ORDER# 48 DATE: 06/08/09 Dinner: Keith Hufsey & Joyce Ciyou	\$7.65
6/8/2009	VENDOR: Penne Pomodoro ORDER# 192155 DATE: 06/08/09 Lunch: Keith Hufsey & Joyce Ciyou	\$33.18
6/8/2009	VENDOR: McDonalds ORDER# 95 DATE: 06/08/09 Breakfast: Keith Hufsey	\$4.13
6/8/2009	VENDOR: Starbucks ORDER# 8075 DATE: 06/08/09 Breakfast: Joyce Ciyou	\$6.32
6/8/2009	VENDOR: McDonalds ORDER# 197 DATE: 06/07/09 Lunch: Keith Hufsey	\$3.88

6/8/2009	VENDOR: McDonalds ORDER# 422 DATE: 06/08/09 Sandwich: Keith Hufsey	\$3.52
6/8/2009	VENDOR: O'Hare Parking Facility TRANS# 501080672 DATE: 06/08/09 Parking: Keith Hufsey	\$30.00
		\$1,998.30



Statement of Professional Services Rendered Through

4055 West Peterson Avenue, Suite 101, Chicago, Illinois 60646 Tel: 773,202,0000 Fax: 773,267,0111

6/30/2009

Invoice Number: 1065-3

Colonial Gardens

aka Colonial Gardens Residential Care Community

1890 Newberg Highway

Woodburn, OR 97071

Sumr	nary:			
		Hours	Rate	Amount
JC	Ciyou, Joyce - RN	6.00	300.00	1,800.00
EA	Allee, Elizabeth - RN	8.00	275.00	2,200.00
		14.00		\$4,000.00
	Task Code Summary			
		Hours		Amount
DA	Data Analysis	10.00		2,875.00
RP	Report Preparation	4.00	X	1,125.00
		14.00		4,000.00
	Total Professional Services			\$5,062.50
	Total Expenses			\$1,056.14
	Total current charges			\$6,118.64

Statement of Professional Services Rendered Through Ciyou, Joyce RN		6/30/2009				
	22 101 2		Hours	Rate	Amount	
	Data Ana	lysis				
6/25/2009	JC	Site visit to facility to interview residents, families and key staff. Tour the facility and observe resident care issues. Observed medication administration and reviewed facility information. Observed resident meal, life safety and physical plant issues and interdepartmental areas as they relate to Resident care	5.00	300.00	1,500.00	
		Task Code Total	5.00		1,500.00	
6/26/2009	Report P	Report preparation for clinical issues relating to resident ssues, supply issues and equipment as it relates to Resident care and family concerns	1,00	300.00	300.00	
			1.00		300.00	
Task Code Summary						
			Hours		Amount	
	DA	Data Analysis	5.00		1,500.00	
	RP	Report Preparation	1.00		300.00	
			6.00		1,800.00	

Statement of Professional Services Rendered Through Allee, Elizabeth RN			6/30/2009		
			Hours	Rate	Amount
	Data Ana	lysis			
6/25/2008	EA	Site visit to interview staff, residents and families. Observe medication pass, interviewed clinical staff and reviewed medical records related to resident complaints. Reviewed Activity programming and discussed adequacy of supplies with all staff and residents.	5.00	275.00	1,375.00
			5.00		1,375.00
		Task Code Total			11.6 6 het 45 het 96 en het
	Report P	reparation			
6/26/2009	EA	Report preparation to cover clinical observations, Resident and Family concerns and the residents care, adequacy of supplies, dietary and activity issues	3.00	275.00	825.00
		•	3.00		825.00
		Task Code Total			
		Task Code Summary			
			Hours		Amount
	DA	Data Analysis	5.00		1,375.00
	RP	Report Preparation	3.00		825.00
			8.00		2,200.00

	Airfare Car rental & Accommodations Meals Travel Misc Total Expenses	689.32 202.88 129.5 20.00 \$14.44 \$1,056.14
Date	Description	Amount
6/23/2009	VENDOR: United Airlines TICKET# 0162193544636 DATE: 06/23/09 Airline Ticket: Elizabeth Allee	\$375.47
6/23/2009	VENDOR: United Airlines TICKET# AP1101010X80JBE5 DATE: 06/23/09 Airline Ticket: Joyce Ciyou	\$313.85
6/23/2009	VENDOR: Orbitz Trip Planner CONFIRMATION# 7H966H DATE: 06/23/09 Car Rental & Accommodations: Joyce Ciyou & Elizabeth Allee	\$202.88
6/23/2009	VENDOR: Hotel Modera FOLIO# 22024 DATE: 06/23/09 Hotel Parking: Joyce Ciyou & Elizabeth Allee	\$20.00
6/25/2009	VENDOR: Nel Centro ID# 0062607 DATE: 06/25/09 Breakfast: Joyce Ciyou & Elizabeth Allee	\$29.50
6/24/2009	VENDOR: Kinko's RECEIPT# 214243 DATE: 06/24/09 Form Printing for Facilities: Joyce Ciyou & Elizabeth Allee	\$14.44
6/25/2009	VENDOR: Nel Centro ID# 0062739 DATE: 06/25/09 Dinner: Joyce Ciyou & Elizabeth Allee	\$100.00
	Diffici. 30yos Giyoti & Elizabetti Alies	\$1,056.14



Hendersonville, TN 37075

SAK Management Services, LLC Health Care Turnaround Specialists

Total current charges

4055 West Peterson Avenue, Suite 101, Chicago, Illinois 60646 Tel: 773,202,0000 Fax: 773,267,0111

Hendersonville Senior Living, LLC aka Terrace at Bluegrass 674 East Main Street

Invoice Number: 1065-4

\$4,098.85

Statement of Professional Services Rendered Through			6/30/2009		
	Summ	nary:			
			Hours	Rate	Amount
	SK	Koenig, Suzanne - Patient Care Ombudsman	1.00	350.00	350.00
	JC	Ciyou, Joyce - RN	5.00	300.00	1,500.00
	EA	Allee, Elizabeth - RN	7.00	275.00	1,925.00
			13.00		\$3,775.00
		Task Code Summary			
			Hours		Amount
	DA	Data Analysis	8.00		2,300.00
	RP	Report Preparation	5.00	8	1,475.00
			13.00		3,775.00
		Total Professional Services			\$3,425.00
		Total Expenses			\$673.85

		ent of Professional Services Rendered Through Suzanne - Patient Care Ombudsman	₩. W.		
		reparation	Hours	Rate	Amount
6/25/2009	SK	Report review and finalization	1.00	350.00	350.00
			1.00		350.00
		Task Code Summary			
			Hours		Amount
	RP	Report Preparation	1.00		350.00
			1.00		350.00

Statement of Professional Services Rendered Through Ciyou, Joyce RN		6/30/2009				
	Data A	nalvaia	Hours	Rate	Amount	
	Data A	nalysis				
6/11/2009	JC	Site visit to facility to interview residents, families and key staff. Tour the facility and observe resident care issues. Observed medication administration and reviewed facility information. Observed resident meal, life safety and physical plant issues and interdepartmental areas as they relate to Resident care	4.00	300.00	1,200.00	
		Task Code Total	4.00		1,200.00	
6/25/2009	Report JC	Preparation Report preparation for clinical issues relating to resident ssues, supply issues and equipment as it relates to Resident care and family concerns	1.00	300.00	300.00	
			1.00		300.00	
Task Code Summary						
			Hours		Amount	
	DA	Data Analysis	4.00		1,200.00	
	RP	Report Preparation	1.00		300.00	
			5.00		1,500.00	

Statement of Professional Services Rendered Through Allee, Elizabeth RN					
			Hours	Rate	Amount
	Data An	alysis			
6/25/2008	EA	Site visit to interview staff, residents and families. Observe medication pass, interviewed clinical staff and reviewed medical records related to resident complaints. Reviewed Activity programming and discussed adequacy of supplies with all staff and residents.	4.00	275.00	1,100.00
		Task Code Total	4.00		1,100.00
	Report I	Preparation			
6/26/2009	EA	Report preparation to cover clinical observations, Resident and Family concerns and the residents care, adequacy of supplies, dietary and activity issues	3.00	275.00	825.00
		*	3.00		825.00
		Task Code Total			
		Task Code Summary			
			Hours		Amount
	DA	Data Analysis	4.00		1,100.00
	RP	Report Preparation	3.00		825.00
			7.00		1,925.00

	Airfare Accommodations	356.10 242.78
	Meals	74.97
	Total Expenses	\$673.85
Date	Description	Amount
6/9/2009	VENDOR: United Airlines CONFIRMATION# Z6BDMA DATE: 06/09/09 Airline Ticket for Joyce Ciyou	\$356.10
6/10/2009	VENDOR: Double Tree Inn DATE: 06/10/09 Accommodations: Joyce Ciyou & Elizabeth Allee	\$242.78
6/11/2009	VENDOR: Ruby Tuesday CONFIRMATION# 3232 DATE: 06/11/09 Lunch: Joyce Ciyou & Elizabeth Allee	\$55.00
6/11/2009	VENDOR: Cracker Barrel CONFIRMATION# 2760 DATE: 06/11/09 Dinner: Joyce Ciyou & Elizabeth Allee	\$14.19
6/11/2009	VENDOR: Famiglia CONFIRMATION# 315568 DATE: 06/11/09 Coffee: Joyce Ciyou & Elizabeth Allee	\$5.78
		\$673.85



Wayne, NE 68787

SAK Management Services, LLC Health Care Turnaround Specialists

Statement of Professional Services Rendered Through

Total Professional Services

Total current charges

4055 West Peterson Avenue, Suite 101, Chicago, Illinois 60646 Tel: 773.202.0000 Fax: 773.267,0111

6/30/2009

Wayne Senior Living aka The Oaks Senior Living Community 1500 Vintage Hil Dr

Invoice Number: 1065-5

\$1,375.00

\$1,375.00

Summ	ary:			
		Hours	Rate	Amount
LK	Koenig, Leonard	5.00	275.00	1,375.00
		5.00		\$1,375.00
	Task Code Summary			
	rusk oode summary	Hours		Amount
RP Report Pre	Report Preparation	5.00	_	1,375.00
		5.00		1,375.00

Statement of Professional Services Rendered Through Koenig, Leonard						
	Report P	reparation	Hours	Rate	Amount	
6/30/2009	LK	Prepared report of site visit to Wayne Senior Living, reviewed resident care, activities, dining, supply needs.	5.00	275.00	1,375.00	-
			5.00		1,375.00	
		Task Code Summary				6
			Hours		Amount	
	RP	Report Preparation	5.00		1,375.00	65
			5.00		1,375.00	



4055 West Peterson Avenue, Suite 101, Chicago, Illinois 60646 Tel: 773.202.0000 Fax: 773.267.0111

Champlin LLC

aka Champlin Shores a Senior Living Community

Invoice Number: 1065-6

119 East Hayden Lake Road Champlin, MN 55316

Statem	ent of Professional Services Rendered Through	6/30/2009		
Summ	ary:			
		Hours	Rate	Amount
SK	Koenig, Suzanne	1.00	350.00	350.00
		1.00		\$350.00
	Task Code Summary			
		Hours		Amount
RP	Report Preparation	1.00	3	350.00
		1.00		350.00
	Total Professional Services			\$350.00
	Total current charges			\$350.00

		ent of Professional Services Rendered Through Suzanne - Patient Care Ombudsman	6/30/2009				
10			Hours	Rate	Amount		
-	Report P	reparation					
6/22/2009	SK	Report review and finalization	1.00	350.00	350.00		
		Task Code Total	1.00		350.00		
		Task Code Summary					
			Hours		Amount		
	RP	Report Preparation	1.00	9 8	350.00		
			1.00		350.00		



Eugene, OR 97402

SAK Management Services, LLC Health Care Turnaround Specialists

4055 West Peterson Avenue, Suite 101, Chicago, Illinois 60646 Tel: 773,202,0000 Fax: 773,267,0111

W-E Specialized Care, LLC dba Alpine Court Memory Care Community 3720 N Clarey St

Invoice Number: 1065-9

\$6,860.97

Statement of Professional Services Rendered Through	6/30/2009

Summary:

Total current charges

		Hours	Rate	Amount
SK	Koenig, Suzanne - Patient Care Ombudsman	5.00	350.00	1,750.00
JC	Ciyou, Joyce - RN	7.00	300.00	2,100.00
EA	Allee, Elizabeth - RN	1.00	275.00	275.00
RC	Ciyou, Robert - Licensed Contractor	5.00	200.00	1,000.00
		18.00		\$5,125.00

	Task Code Summary		
		Hours	Amoun
DA	Data Analysis	15.00	4,250.00
RP	Report Preparation	3.00	875.00
		18.00	5,125.0
	Total Professional Services		\$5,125.0

		ent of Professional Services Rendered Through Suzanne - Patient Care Ombudsman	6/30/2009		
	Data Ana	alysis	Hours	Rate	Amount
6/15/2009	SK	Site visit to facility to interview residents, families and key staff. Tour the facility and observe resident care issues. Observed medication administration and reviewed facility information.	5.00	350.00	1,750.00
		Task Code Total	5.00		1,750.00
-		Task Code Summary			······································
			Hours		Amount
	DA	Data Analysis	5.00		1,750.00
			5.00		1,750.00

Statement of Professional Services Rendered Through Ciyou, Joyce RN			6/30/2009		
			Hours	Rate	Amount
	Data An	alysis			
6/15/2009	JC	Site visit to facility to interview residents, families and key staff. Tour the facility and observe resident care issues. Observed medication administration and reviewed facility information.	5.00	300.00	1,500.00
		Task Code Total	5.00		1,500.00
	Report	Preparation			
6/30/2009	JC	Report preparation for clinical issues relating to resident ssues, supply issues and equipment as it relates to Resident care and family concerns	2.00	300.00	600.00
		•	2.00		600.00
		Task Code Summary			
			Hours		Amount
	DA	Data Analysis	5.00		1,500.00
	RP	Report Preparation	2.00		600.00
			7.00		2,100.00

	Statement of Professional Services Rendered Through Allee, Elizabeth RN		6/30/2009		
			Hours	Rate	Amount
	Report P	reparation			
6/30/2009	EA	Report preparation to cover clinical observations, Resident and Family concerns and the residents care, adequacy of supplies, dietary and activity issues	1.00	275.00	275.00
		Task Code Total	1.00		275.00
		Task Code Summary			
			Hours		Amount
	RP	Report Preparation	1.00		275.00
			1.00		275.00

	Statement of Professional Services Rendered Through Ciyou, Robert		6/30/2009		
	Data Ana	alysis	Hours	Rate	Amount
6/15/2009	RC	Site visit to review life safety and physical plant issues and interdepartmental areas as they relate to Resident care	5.00	200.00	1,000.00
		Task Code Total	5.00		1,000.00
		Task Code Summary			· · · · · · · · · · · · · · · · · · ·
			Hours		Amount
	DA	Data Analysis	5.00		1,000.00
			5.00		1,000.00

	Airfare Car Rental Accommodations Travel Total Expenses	1,457.27 89.32 156.38 \$33.00 1735.97
Date	Description	Amount
6/15/2009	VENDOR: United Airlines CONFIRMATION# VQZ2FS DATE: 06/15/09 Airline Tickets for Joyce Ciyou	\$359.60
6/15/2009	VENDOR: Expedia CONFIRMATION# 128085164095 DATE: 06/15/09 Airline Tickets for Robert Ciyou	\$138.47
6/15/2009	VENDOR: United CONFIRMATION# T9B4FY DATE: 06/15/09 Airline Tickets for Suzanne Koenig	\$959.20
6/18/2009	VENDOR: Dollar Rental RENTAL# 09080949 DATE: 06/18/09 Car Rental: Joyce Ciyou & Robert Ciyou	\$89.32
6/18/2009	VENDOR: Embassy Suites FOLIO# 588976 DATE: 06/18/09 Accommodations: Suzanne Koenig, Joyce Ciyou & Robert Ciyou	\$156.38
6/18/2009	VENDOR: Union 76 CONFIRMATION# 002246 DATE: 06/18/09 Gas: Joyce Ciyou & Robert Ciyou	\$33.00
	Sas. Sayas Siyas a Nobelt Siyas	\$1,735.97



4055 West Peterson Avenue, Suite 101, Chicago, Illinois 60646 Tel: 773.202.0000 Fax: 773.267.0111

Invoice Number: 1065-12

\$6,618.50

St. George Senior Living, LLC aka Cliff View Assisted Living and Memory Care Community aka Cliff View Senior Living Community

Total current charges

134 W 2025 S Circle

Saint George, UT 84770

Staten	nent of Professional Services Rendered Through	6/30/2009		
Summ	nary:			
		Hours	Rate	Amount
JC	Ciyou, Joyce - RN	11.00	300.00	3,300.00
EA	Allee, Elizabeth - RN	1.00	275.00	275.00
RC	Ciyou, Robert - Licensed Contractor	7.00	200.00	1,400.00
		19.00		\$4,975.00
	Task Code Summary			
		Hours		Amount
DA	Data Analysis	14.00		3,500.00
RP	Report Preparation	5.00		1,475.00
		19.00		4,975.00
	Total Professional Services			\$4,975.00
	Total Expenses			\$1,643.50

Statement of Professional Services Rendered Through Ciyou, Joyce RN			6/30/2009		
			Hours	Rate	Amount
	Data Ana	alysis			
6/28/2009	JC	Site visit to facility to interview residents, families and key staff. Tour the facility and observe resident care issues. Observed medication administration and reviewed facility information.	7.00	300.00	2,100.00
		Task Code Total	7.00		2,100.00
	Report P	Preparation			
6/30/2009	JC	Report preparation for clinical issues relating to resident ssues, supply issues and equipment as it relates to Resident care and family concerns	4.00	300.00	1,200.00
			4.00		1,200.00
		Task Code Summary			
			Hours		Amount
	DA	Data Analysis	7.00		2,100.00
	RP	Report Preparation	4.00	,	1,200.00
			11.00		3,300.00

	Statement of Professional Services Rendered Through Allee, Elizabeth RN		6/30/2009		
			Hours	Rate	Amount
	Report F	Preparation			
6/30/2009	EA	Report preparation to cover clinical observations, Resident and Family concerns and the residents care, adequacy of supplies, dietary and activity issues	1.00	275.00	275.00
		Task Code Total	1.00		275.00
		Task Code Summary			
			Hours		Amount
	RP	Report Preparation	1.00	6	275.00
			1.00		275.00

	Statement of Professional Services Rendered Through Ciyou, Robert		6/30/2009		
	Data Analysis				Amount
6/28/2009	RC	Site visit to review life safety and physical plant issues and interdepartmental areas as they relate to Resident care	7.00	200.00	1,400.00
		Task Code Total	7.00		1,400.00
		Task Code Summary			
			Hours		Amount
	DA	Data Analysis	7.00		1,400.00
			7.00		1,400.00

	Trip Planner Meals Travel Total Expenses	1,461.66 120.29 61.55 \$1,643.50
Date	Description	Amount
6/27/2009	VENDOR: Travelocity ID# 591769258861 DATE: 06/27/09 Trip Planner for Joyce Ciyou & Robert Ciyou	\$1,461.66
6/27/2009	VENDOR: Coffee People CONFIRMATION# 399775 DATE: 06/27/09 Breakfast: Joyce Ciyou & Robert Ciyou	\$10.73
6/28/2009	VENDOR: The Riviera CONFIRMATION# 2207 DATE: 06/28/09 Breakfast: Joyce Ciyou & Robert Ciyou	\$10.85
6/27/2009	VENDOR: The Wynn CONFIRMATION# 8775 DATE: 06/27/09 Dinner: Joyce Ciyou & Robert Ciyou	\$41.97
6/28/2009	VENDOR: The Wynn CONFIRMATION# 8773 DATE: 06/28/09 Dinner: Joyce Ciyou & Robert Ciyou	\$41.97
6/29/2009	VENDOR: Indianapolis Airport DATE: 06/29/09 Parking: Joyce Ciyou & Robert Ciyou	\$36.00
6/28/2009	VENDOR: McDonalds ORDER# 155 DATE: 06/28/09 Breakfast: Joyce Ciyou & Robert Ciyou	\$4.49
6/28/2009	VENDOR: Burger King ORDER# 87 DATE: 06/28/09 Lunch: Joyce Ciyou & Robert Ciyou	\$7.81
6/28/2009	VENDOR: Burger King ORDER# 9136 DATE: 06/28/09 Coffee: Robert Ciyou	\$2.47
6/28/2009	VENDOR: Flying J Travel Plaza ORDER# 008Y8698 DATE: 06/28/09 Gas: Robert Ciyou	\$25.55



SAK Management Services, LLC Health Care Turnaround Specialists

4055 West Peterson Avenue, Suite 101, Chicago, Illinois 60646 Tel: 773.202.0000 Fax: 773.267.0111

Vancouver Care, LLC

aka Stonebridge Memory Care Community Invoice Number: 1065-13

7900 NE Wancouver Mall Drive

Vancouver, WA 98662

Statement of Professional Services Rendered Through Summary:		6/30/2009		
		Hours	Rate	Amount
JC	Ciyou, Joyce - RN	7.50	300.00	2,250.00
EA	Allee, Elizabeth - RN	9.50	275.00	2,612.50
		17.00		\$4,862.50
	Task Code Summary			
		Hours		Amount
DA	Data Analysis	13.00		3,737.50
RP	Report Preparation	4.00	194	1,125.00
		17.00		4,862.50
	Tabl Bartanian I O			
	Total Professional Services			\$4,862.50
	Total Expenses			\$1,049.12
	Total current charges			\$5,911.62

	Statement of Professional Services Rendered Through Ciyou, Joyce RN		6/30/2009		
	Data Ana	llysis	Hours	Rate	Amount
6/24/2009	JC	Site visit to facility to interview residents, families and key staff. Tour the facility and observe resident care issues. Observed medication administration and reviewed facility information. Observed resident meal, life safety and physical plant issues and interdepartmental areas as they relate to Resident care	6.50	300.00	1,950.00
	Report P	Task Code Total	6.50		1,950.00
6/28/2009	JC	Report preparation for clinical issues relating to resident issues, supply issues and equipment as it relates to Resident care and family concerns	1.00	300.00	300.00
			1.00		300.00
		Task Code Summary			
			Hours		Amount
	DA	Data Analysis	6.50		1,950.00
	RP	Report Preparation	1.00	5	300.00
			7.50		2,250.00

	Statement of Professional Services Rendered Through Allee, Elizabeth RN		6/30/2009			
	Data Ana	ılysis	Hours	Rate	Amount	
6/24/2009	EA	Site visit to interview staff, residents and families. Observe medication pass, interviewed clinical staff and reviewed medical records related to resident complaints. Reviewed Activity programming and discussed adequacy of supplies with all staff and residents.	6.50	275.00	1,787.50	
		Task Code Total	6.50		1,787.50	
	Report P	reparation				
6/28/2009	EA	Report preparation to cover clinical observations, Resident and Family concerns and the residents care, adequacy of supplies, dietary and activity issues	3.00	275.00	825.00	
		Task Code Total	3.00		825.00	
Task Code Summary						
			Hours		Amount	
	DA	Data Analysis	6.50		1,787.50	
	RP	Report Preparation	3.00		825.00	
			9.50		2,612.50	

Statement of Expenses Incurred Through 06/30/09

	Airfare Hotel & Car Meals Travel Misc Total Expenses	689.32 202.88 75.02 60.24 21.66 \$1,049.12
Date	Description	Amount
6/23/2009	VENDOR: United Airlines TICKET# 0162193544636 DATE: 06/23/09 Airline Ticket: Elizabeth Allee	\$375.47
6/23/2009	VENDOR: United Airlines TICKET# AP1101010X80JBE5 DATE: 06/23/09 Airline Ticket: Joyce Ciyou	\$313.85
6/23/2009	VENDOR: Orbitz TICKET# AP1101010X80JBE5 DATE: 06/23/09 Hotel & Car Rental: Joyce Ciyou & Elizabeth Allee	\$202.88
6/23/2009	VENDOR: Hotel Modera FOLIO# 22024 DATE: 06/23/09 Hotel Parking: Joyce Ciyou & Elizabeth Allee	\$40.00
6/23/2009	VENDOR: Delta Airlines INVOICE# 00007752 DATE: 06/23/09 Baggage Claim: Joyce Ciyou	\$20.24
6/23/2009	VENDOR: Wolfgang Puck CHECK # 6489 DATE: 06/23/09 Dinner: Elizabeth Allee	\$15.00
6/24/2009	VENDOR: Java Man CONFIRMATION# 2876 DATE: 06/24/09 Breakfast: Joyce Ciyou & Elizabeth Allee	\$13.15
6/24/2009	VENDOR: McGrath's Fish House CONFIRMATION# 0330 DATE: 06/24/09 Dinner: Joyce Ciyou & Elizabeth Allee	\$28.83
6/24/2009	VENDOR: Kinko's RECEIPT# 214243 DATE: 06/24/09 Form Printing for Facilities: Joyce Ciyou & Elizabeth Allee	\$21.66
6/24/2009	VENDOR: Thai Northwest Express INVOICE# 000005 DATE: 06/24/09 Lunch: Joyce Ciyou & Elizabeth Allee	\$18.04
		\$1,049.12



4055 West Peterson Avenue, Suite 101, Chicago, Illinois 60648 Tel: 773.202.0000 Fax: 773.267,0111

Sanddollar Court Memory Care, LLC aka Palm Meadows Court Care Community 48 Main Street

Invoice Number: 1065-14

48 Main Street Hilton Head, SC 97302-0006

Statement of Professional Services Rendered Through Summary:		6/30/2009			
	10	Circu Innovation 5M	Hours	Rate	Amount
	JC	Ciyou, Joyce - RN	5.00	300.00	1,500.00
	EA	Allee, Elizabeth - RN	7.00	275.00	1,925.00
			12.00		\$3,425.00
		Task Code Summary			
			Hours		Amount
	DA	Data Analysis	8.00		2,300.00
	RP	Report Preparation	4.00	_	1,125.00
			12.00		3,425.00
		Total Professional Services			\$3,425.00
		Total Expenses			
					\$660.83
		Total current charges			\$4,085.83

	Statement of Professional Services Rendered Through Ciyou, Joyce RN		6/30/2009		
	Data Ana	ılysis	Hours	Rate	Amount
6/30/2009	JC	Site visit to facility to interview residents, families and key staff. Tour the facility and observe resident care issues. Observed medication administration and reviewed facility information. Observed resident meal, life safety and physical plant issues and interdepartmental areas as they relate to Resident care	4.00	300.00	1,200.00
		Task Code Total	4.00		1,200.00
6/30/2009	Report P	Report preparation for clinical issues relating to resident issues, supply issues and equipment as it relates to Resident care and family concerns	1.00	300.00	300.00
			1.00		300.00
				_	
		Task Code Summary			
			Hours		Amount
	DA	Data Analysis	4.00		1,200.00
	RP	Report Preparation	1.00		300.00
			5.00		1,500.00

Statement of Professional Services Rendered Through Allee, Elizabeth RN		6/30/2009				
	Data Ana	Ilvsis	Hours	Rate	Amount	
6/30/2009	EA	Site visit to interview staff, residents and families. Observe medication pass, interviewed clinical staff and reviewed medical records related to resident complaints. Reviewed Activity programming and discussed adequacy of supplies with all staff and residents.	4.00	275.00	1,100.00	
		Task Code Total	4.00		1,100.00	
	Report P	reparation				
6/30/2009	EA	Report preparation to cover clinical observations, Resident and Family concerns and the residents care, adequacy of supplies, dietary and activity issues	3.00	275.00	825.00	
		Task Code Total	3.00		825.00	
Task Code Summary						
			Hours		Amount	
	DA	Data Analysis	4.00		1,100.00	
	RP	Report Preparation	3.00		825.00	
			7.00		1,925.00	

Statement of Expenses Incurred Through 06/30/09

	Airfare Accomodations Meals Car Rental Total Expenses	348.40 190.88 70.15 51.4 660.83
Date	Description	Amount
6/29/2009	VENDOR: Delta Airlines DATE: 06/29/09 Airfare: Joyce Ciyou	\$174.20
6/29/2009	VENDOR: Delta Airlines DATE: 06/29/09 Airfare: Elizabeth Allee	\$174.20
6/29/2009	VENDOR: Alamo Car Rental CONFIRMATION# 616852704 DATE: 06/30/09 Car Rental: Elizabeth Allee	\$51.40
6/29/2009	VENDOR: Main Street Inn & Spa DATE: 06/30/09 Accomadations: Elizabeth Allee	\$190.88
6/30/2009	VENDOR: Java Joes DATE: 06/30/09 Lunch: Elizabeth Allee & Joyce Ciyou	\$20.33
6/30/2009	VENDOR: Kangaroo Express DATE: 06/30/09 Coffee: Elizabeth Allee & Joyce Ciyou	\$8.63
6/30/2009	VENDOR: Steamer Seafood DATE: 06/30/09 Dinner: Elizabeth Allee & Joyce Ciyou	\$41.19
		\$660.83



Seward , NE 68434

SAK Management Services, LLC Health Care Turnaround Specialists

4055 West Peterson Avenue, Suite 101, Chicago, Illinois 60646 Tel: 773.202.0000 Fax: 773.267.0111

Invoice Number: 1065-18

Seward Senior Living, LLC aka Heartland Park Senior Living Community 500 Heartland Park Drive

Stater	Statement of Professional Services Rendered Through			
Sumr	mary:			
		Hours	Rate	Amount
SK	Koenig, Suzanne - Patient Care Ombudsman	1.00	350.00	350.00
LK	Koenig, Leonard - LNHA	5.00	275.00	1,375.00
		6.00		\$1,725.00
	Task Code Summary			
		Hours		Amount
RP	Report Preparation	6.00		1,725.00
		6.00		1,725.00
	Total Professional Services			\$1,725.00
	Total current charges			\$1,725.00

		ent of Professional Services Rendered Through Suzanne - Patient Care Ombudsman	6/30/2009		
6/30/3000	Data Ana		Hours	Rate	Amount
6/30/2009	SK	Report review and finalization	1.00	350.00	350.00
		Task Total	1.00		350.00
		Task Code Summary			
			Hours		Amount
	RP	Report Preparation	1.00		350.00
			1.00		350.00

Statement of Professional Services Rendered Through Koenig, Leonard - LNHA		6/30/2009			
			Hours	Rate	Amount
6/30/2009	Report P LK	reparation Report Preparation regarding interdepartmental concerns and life safety issues	5.00	275.00	1,375.00
		Task Total	5.00		1,375.00
		Task Code Summary			
			Hours		Amount
	RP	Report Preparation	5.00		1,375.00
			5.00		1,375.00



SAK Management Services, LLC Health Care Turnaround Specialists

4055 West Peterson Avenue, Suite 101, Chicago, Illinois 60646 Tel: 773.202.0000 Fax: 773.267.0111

Invoice Number: 1065-19

Vegas Assisted Living

aka Sun Mountain Community, aka Plaza at Sun Mountain

6031 Cheyenne Avenue

Las Vegas, NV 89108

Stater Sumn	ment of Professional Services Rendered Through nary:	6/30/2009		
SK	Koenig, Suzanne - Patient Care Ombudsman	1.00 1.00	Rate 350.00	Amount 350.00 \$350.00
	Task Code Summary			
RP	Report Preparation	1.00 1.00	,	Amount 350.00 350.00
	Total Professional Services			\$350.00
	Total current charges			\$350.00

	Statement of Professional Services Rendered Through Koenig, Suzanne - Patient Care Ombudsman Report Preparation		6/30/2009		
			Hours	Rate	Amount
6/30/2009	SK	Report content review and finalization	1.00	350.00	350.00
		Task Code Total	1.00		350.00
		Task Code Summary			
			Hours		Amount
	RP	Report Preparation	1.00		350.00
			1.00		350.00